

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

35695

Do not use this space.

791

1003

Registered No. 9272

1. PLACE OF DEATH

(a) County

Registration District No.

(b) Township

Primary Registration District No.

(c) City St. Louis(d) Street No. City Hospital No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 5257

Carrie Whiteaker

2. PRINT FULL NAME

2827 Madison

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St. 20

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

TOM WHITEAKER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 1, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

70

71

#

#1

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

nil

9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

FATHER
MOTHER

13. NAME

HENRY J. REHKOP

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

GERMANY

15. MAIDEN NAME

CATHERINE (UNK)

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

UNKNOWN

Hosp. Info M. Kent

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE FARMINGTON Mo. DATE OCT. 5 193719. FUNERAL DIRECTOR
(ADDRESS)Albert H. Hays
429 N. Lucas

20. OCT 4 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/2/37

22. I HEREBY CERTIFY, That I attended deceased from

7/17/37

10/2/37

her

I last saw her alive on 10/2/37

to have occurred on the date stated above, at 7.15 p.

The principal cause of death and related causes of importance were as follows:

myocarditis, chronic

Date of onset

Other contributory causes of importance:

arteriosclerosis, general

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. O. R. H., M. D.

(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAIN WITH ORANGE MARKINGS IS A PATENTED REGISTERED
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)